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# I Told God My Plans . . . A Research Memoir on Shame Associated with Academic Failure

Liana Elspeth Parks

Concordia University - Portland, [cytfan@gmail.com](mailto:cytfan@gmail.com)

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**I Told God My Plans . . .**  
**A Research Memoir on Shame Associated with Academic**  
**Failure**

**A senior thesis submitted to**  
The Department of Global Studies & Culture  
College of Arts & Sciences

In partial fulfillment of the requirements  
for a Bachelor of Arts degree in English

by

**Liana Elspeth Parks**

*Faculty Supervisor* \_\_\_\_\_  
**Professor Keryn Neary** **Date** \_\_\_\_\_

*Department Chair* \_\_\_\_\_  
**Dr. Kimberly Knutsen** **Date** \_\_\_\_\_

*Dean, College of*  
*Arts & Sciences* \_\_\_\_\_  
**Dr. Michael Thomas** **Date** \_\_\_\_\_

*Provost* \_\_\_\_\_  
**Dr. Michelle Cowing** **Date** \_\_\_\_\_

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### Abstract

This thesis looks at the role of shame in academic failure in order to shed light on a mostly ignored topic. The author brings a new angle to shame research by considering past literature on shame and fear of failure (FoF) alongside their own experience of failure in Nursing school. Society believes that shame is a negative experience but researchers find that shame can help in growth and maturity if the person experiencing it is willing to talk about it (Brown, 2012). Combined with FoF, shame leads to a self-perpetuating spiral of failure and shame (McGregor and Elliot, 2005). The author uses this opportunity to tell their story to start the process of healing and growth.

*Keywords:* shame, fear of failure, academic failure

*If you want to make God laugh, tell Him your plans.*

*~ Unknown*

*“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”*

*~ Jeremiah 29:11 (NIV)*

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## Acknowledgments

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## Chapter One: What This is All About

There I am, a sophomore in high school sitting in the midst of a crowded city bus, feet swinging because they do not reach the ground. Through winding roads, the houses and trees pass in a blur. The seat allows me to sink into it, taking with it the roughness of the road below. The bus sways softly as the golden light of the sun finds its way through the clouds. The birds fly, wings outstretched, carried by the wind. My mind soars with them.

I had forgotten my earbuds (or lost, or broken them) and finished my book which left me with one option – thinking. In my mind I went over every class, making sure I had done all my assignments for the day and, satisfied that I had, my mind wandered back to a conversation with my mom a few days earlier.

“Have you thought about being a midwife?” my mom asked, interrupting my reading. “My midwife always complained that her gloves never fit her; they were always too large. But having small hands is good for being a midwife because...”

“Mom!” I cut her off. “I don’t care. I’m going to be a teacher. That’s that.”

“Okay,” she sing-songed. “But you can always change your mind you know.”

“I know, Mom. But I won’t.”

Examining my hands on the bus I began considering what my mom had been saying. *I do have small hands... And I like babies... And I’m not afraid of gross things... Being a midwife would be cool! My dream school has a good nursing program. Why not?*

The bus approaches the stop for school and I am shaken out of my reverie. As I step onto the sidewalk I see a new path laid before me. Nervous, yet excited, I feel more ready for the future than ever.

When the Fall of senior year came around, I applied and was accepted into the Freshman Advantage Program which guaranteed a spot in the Nursing program given that several requirements were met over the next couple of years. Over the next two years, I meet the pre-nursing requirements but only make it one year into the Nursing program. One and a half years after leaving nursing, I decide to write my thesis for my English degree on failing out of nursing school. I know that the road ahead will be difficult, but this is exactly what I need.

I know I am not the only one who struggles with academic failure in college and my story is only one example of feeling shame after failing out of a college class, specifically Pathophysiology and Pharmacology (Patho-pharm). Alongside research on shame culture and its relation to academic failure I use my story as a case study – an example of the inner-turmoil which failure and shame are capable of creating. While I have done substantial reflection on the reasons for my failure, and there are many, the exploration of this would distract from the message I want to get across. This is not the story of why I failed but the story of my experience of shame after failing.

Before diving in completely, here are a few definitions and disclaimers. First of all, what is shame? There is so much that can be said on this, but it is simple: shame is the mindset of “I am a bad person.” It is the devil, bumping the angel off the other shoulder making you think that you are not enough, casting doubt on your entire existence. It leads you to questions such as how is it possible to be surrounded by people, engage in the conversation, yet feel completely alone? So alone, in fact, that you do not know where to turn in order to feel like you are special to someone. Because who is going to understand? Who is going to take you seriously? Shame thrives on isolation and avoidance, but it is a



part of being human (Brown, 2012). It may even convince you that you have failed when you haven't, at least not yet.

Shame and failure may be closely linked, but what exactly do I mean by "failure?" Failure has different meanings in different circumstances, but the basis remains the same: I have fallen short of what is expected by either society or myself (Bartels & Ryan, 2013). For the purposes of this thesis, the focus of failure is on failing grades. The Concordia University on-ground Nursing program requires students to obtain at least a seventy-four percent to pass each class. Patho-pharm has four tests and not much else to be graded on. My first two test grades were sixty-eight and sixty percent, leading to an average of sixty-four percent in the class. I was failing. There was no way for me to get my grades high enough, so I withdrew. Even though I had not technically failed, I still considered my withdrawal a failure and felt ashamed of myself.

But why does all this matter? It matters because shame is kept hidden and the only way to bring healing is to expose it (Brown, 2012). In this thesis I am bringing my story into the light and using shame to grow as a person.

Even though shame and failure occur around the world, this thesis will focus on the way these experiences are perceived in the United States of America. Although citizens of other countries on the American continents consider themselves American, I use the term "American" in this thesis when I reference the United States. Hopefully readers from all backgrounds will find this relatable and continue the conversation started in these pages.

There are sentences in italics throughout this thesis. In the research the italics reflect questions that came up while I was researching and may help frame how readers

define and consider shame. In the memoir sections the italics represent my internal dialogue during the events.

I want my story to be an inspiration to others who are or have experienced shame due to academic failure. If this is you, know that you are not alone. I also want to give educators a glimpse of what students are facing in school. Nevertheless, this for me, for the catharsis, healing, and for the ability to finally put everything into words and hopefully it will allow me to move forward. No one else is responsible for my failure, but I want to respect the privacy of those involved in this part of my life. Therefore, the names of the people who appear in my memoir have been changed.

This thesis will describe the way in which culture influences how shame is experienced when students receive a failing grade in college using my story as a case study in order to shed light on the prevalent yet hidden topic of shame. The following chapter will explain aspects of culture that influence individual definitions of shame, how shame is dealt with, and the phenomenon of Fear of Failure in relation to shame. Chapter three is the story of my personal shame experience. And chapter four ties everything together by showing how I see the research reflected in my life.

## Chapter Two: What Others Say

People seem to avoid uncomfortable topics, so it makes sense that people are not saying much about shame or failure. If I have found out anything about this topic it is that no one wants to talk about shame, not even those who are researching it (Scheff, 1988). Therein lies the problem. This is the reason shame goes unhealed: people act like it does not exist. But shame does exist and should not be ignored. Not only should shame be brought into the open, it should be talked about in a way that acknowledges the positive influence it can have if allowed. The way to do this is through examining the role shame plays in society. This chapter will explore aspects of culture that influence how people perceive shame, how shame is treated both internally and externally, and the link between Fear of Failure and shame.

### **The Culture of Shame**

What is shame? How do people define it? How did they come up with that definition? No one answers these questions in the same way. No one quite seems to know how to answer these questions. Why is this? Shame is a human feeling, quite a common one, so why are people reluctant to talk about it? Society both defines and is defined by shame, seeing shame as shameful (Probyn, 2004; Deigh, 1983). There are four groups that humans identify with which work together to create each person's individual definition of shame: nationality, peers, family, and education.

### **Influence of Nationality**

Nationality is an important part of human identity. Being a country that values independence, Americans tend to blame individuals for their circumstances, rather than society or fate (Guimond, Begin, & Palmer, 1989). What this means is that Americans tend to blame themselves for anything that goes wrong in their life; there is no one else at

fault because no one else is in control of their life, therefore there must be something wrong with them (Gausel & Leach, 2011). However, people are not always conscious of their shortcomings, the small traits or behaviors that are modifiable when recognized, so they have no other explanation than their whole self is wrong (Deigh, 1983). This mentality comes from the concept that each person's achievement is their own, therefore when they fall they fall alone (Scheff, 2000). Focusing on one's self in the midst of shame experiences is characteristic of the American view that shame is global, encompassing the entire person.

While Americans experience shame as a deeply personal emotion, other cultures focus more on external opinions than self-evaluation. Indian culture, for example, takes the view that society is more to blame than individuals, leading to fewer situations in which individuals feel shame (Guimond, et al., 1989). Similarly, Spanish and Chinese cultures teach people to value the opinions of others more than they value their own estimation of their self-worth (Boiger, Uchida, Norasakkunkit, & Mesquita, 2016). It is common for Asian cultures to focus on the experience of shame as a family rather than the individual (Boiger, et al., 2016).

A popular example of a typically Asian cultural mindset is portrayed in Disney's *Mulan*. When Mulan first meets Mushu, he has to make himself sound like he was sent by the ancestors to help her, so he describes his powers, including being able to "see straight through [her] armor" (Bancroft & Cook, 1998). Understandably, she slaps him, and he reacts by saying, "Dishonor! Dishonor on your whole family . . . Dishonor on you, dishonor on your cow" (Bancroft & Cook, 1998). The first group that Mushu thinks should be dishonored is Mulan's family. In fact, every action that Mulan makes from the

beginning of the film is seen in light of how it will affect the honor or shame of her family.

For the Japanese, the extent of feeling shame depends on whether the event is public or private, cultivating the expectation of deeper feelings of shame in public events (Boiger, et al., 2016). The way in which an event affects others also plays a key role in Japanese shame experiences. The more negatively an event affects others, the more intense the feelings of shame (Boiger, et al., 2016). While Asian cultures tend to hide shameful experiences, some cultures lash out when they are humiliated.

The flight or fight reaction occurs in some shame experiences. Germans and French nationals have historically reacted to humiliation by fighting. In studying the two World Wars, Scheff (2000) posits that unacknowledged shame is to blame for the commencement of each war. He says that “unacknowledged shame [from Napoleon and France’s defeat in the Franco-German war of 1870-1871] was a key element on the French side leading to the First World War, and, following their defeat in 1918, on the German side leading to the Second World War” (p. 96). The cultures of these two countries also divide shame into “disgrace shame” and “everyday shame,” the latter of which has no negative connotations (Scheff, 2003). Nationality influences shame through the generations, persisting over seas and across borders. Countries are made up of many people who may not have anything besides nationality in common. Therefore, it is necessary to discuss groups that make up the larger culture to assess their influences on shame.

## **Influence of Peers**

Within a single country there are many factors that create unique cultures and sub-cultures. From sphere to sphere experiences and expectations change. Those expectations are key in defining what shame means to different groups. These groups include social class, race, and gender.

Social class and race are major factors in defining shame on a peer level, especially in racially diverse countries. Within the same country, people from different economic or racial backgrounds view shame from different perspectives (Carlson, 2015; Guimond, et al., 1989). In Canada, there are two different approaches to the “blame game;” those higher in society are more likely to expect to see shame in those below them, though their beliefs are not always founded. Guimond, et al. (1989) found that while French-speaking Canadians, who tend to be poorer, are more likely to blame the system for their station in life, non-French-speaking Canadians, the wealthy, blame the French-speaking Canadians for their "economic inferiority." It may be that the non-French-speaking Canadians do not want to admit that the system is to blame because that would mean that they are part of the problem. *Who are we assigning blame or expecting shame from? When I see someone who is homeless, do I blame the individual for not making the right choices or am I willing to listen to their story and hear how a system that works well for me has hurt them?*

Another way in which social class influences shame is demonstrated by the treatment of those within one's class. Social status can determine what people feel ashamed of. For those who come from a lower class, success may cause shame if they have left their peers behind. In contrast, in the upper class, it is seen as shameful to act

like someone from a lower class (Deigh, 1983). The expectation to feel shame when breaking the status quo is a powerful controlling factor in society, keeping everyone in their own place (Scheff, 1988). Sometimes people believe that their place is to never fail.

In studying what happens when students are not taught to deal with incompetence, Carlson (2015) compared the experiences of two college students who failed classes. He found that rich kids are protected from failure because their society believes that everything can be bought, so failure is seen as an unnecessary and shameful experience. On the other hand, poor kids understand that failure happens; it is not shameful, it is just something they have to deal with (Carlson, 2015). *In discussing this idea with a friend, they said that situations like this may cause shame in poorer students due to the feeling of having wasted money on college.*

Gender also influences how individuals define shame. Looking again at the Canadian study, females are more likely to blame society while males seem to be evenly split, not favoring society or individuals as responsible for the economic inferiority of French-speaking Canadians (Guimond, et al., 1989). Shame also manifests differently for people of different genders, causing higher risk of anorexia in females and sexual disfunction in males (Bartels & Ryan, 2013). Females in the twenty-first century struggle to find their place in a man's world, trying to fit into the ideals set by centuries of history (Scheff, 2000). However, shame has been socially acceptable in females because of the persistent perspective that they are the weaker sex. Men, on the other hand, have been considered more evolved (by their own sex) and above feelings of shame.

It seems that shame is even more intense for males, being often referred to as anxiety or guilt instead. Freud believed that it is an emotion that should only be found in

children and women in civilized societies, though researchers in the 1950's simply labeled shame as a childish emotion (Scheff, 2000; Scheff, 1988). Though the idea that men are more evolved has become old-fashioned, it is still influencing male expectation. For men, there is a strong correlation between being called feminine and shame. Hispanic cultures capture this in the concept of *machismo*. *Miriam-Webster* defines machismo as “a strong sense of masculine pride” (Machismo, 2019). The direct opposite of this is femininity; anything found in a man that could be considered a womanly characteristic, including shame, should make him feel ashamed. Though shame has different connotations depending on gender, it is ultimately a reaction to society.

Shame is a physical reaction to the culture. It lets people know when they break the rules, as well as when they do not fit in (Probyn, 2005). Sometimes this includes aspects that they have little control over, such as needing braces or glasses, having frizzy hair, or even a last name that sounds funny or is difficult to pronounce (Deigh, 1983). Other times it means that anyone who ignores a culture they are told they should identify with feel as if they should be ashamed (Deigh, 1983). Feeling as though they have to conform to the cultures of their peers while maintaining the culture of their nationality can cause people to feel lost, especially when they cannot express why. They just know that they are different from others.

Peer influence often occurs unconsciously. Feelings of pride or shame are anticipated in deference to subtle social structures (Scheff, 1988). In the same way people expect to have a certain reaction to eating their favorite food, pride is felt when conforming to society, even when it goes unsaid. The opposite is also true; non-conformity to society or its expectations causes feelings of shame whether or not the



action is acknowledged. “Adults are virtually always in a state of either pride or shame, usually of a quite unostentatious kind” (Scheff, 1988, p. 399). This is because people are constantly comparing themselves to others and their expectations made easier by social media platforms like Instagram, Facebook, and Snapchat. This is especially true when it comes to family.

### **Influence of Family**

Much of what is learned about society is modeled at home. Parents are usually our first teachers, helping us learn right from wrong. From infancy, parents are instrumental in defining what shame means, especially when parents tell young children “Shame on you” when they do something bad (Deigh, 1983). This does not usually come from a lack of love but a desire to help their children grow into morally good adults. Nevertheless, using this specific phrase seems to ingrain a certain way of acting in people as they grow up, though the reaction becomes unconscious. Something at the back of their mind tells that they should feel shame in certain events.

Perceived lack of love as a child influences how shame is felt as an adult in a different way (Scheff, 2000). Adults who grew up in a home where they felt loved are more likely to be able to define shame when they see it in their own life (Scheff, 1988). People who grow up without feeling loved either present overt, undifferentiated shame, in which shame is obvious to the observer but not the one experiencing it, or bypassed shame, where the manner and language the person experiencing shame uses hides the truth from both themselves and observers (Scheff, 1988). These two extremes are debilitating “because both involve the victim in rigid and distorted reactions to reality” (Scheff, 1988, pg. 402). Not being able to define shame when it is experienced means

that healing cannot yet begin. Being loved as a child does not decrease the likeliness of shame.

Close relationships with parents can cause more shame and fear of failure because of the expectations parents put on their children (McGregor & Elliot, 2005). Failure is not an option in some homes and parents may teach their children that the world will not accept failure either. Instead of teaching the reasons behind why they should feel shame, they let them learn from the culture through osmosis. “In modern societies, socialization of most children automatically inculcates and represses shame” (Scheff, 2000, p. 90). Parents teach their children how to interact with society by modelling it or even just letting society model it for them. Talking about manners and how to interact with others has almost disappeared which leads to children not feeling as if they can talk about their interactions with others and their emotions with their parents (Scheff, 2000). This leads to more repression of shame from a younger age. Instead, parents should tell their children that they will struggle and feel shame in life, but they will still be worthy of love and belonging (Brown, 2010b).

Homelife is essential in teaching children how to handle shame. However, as children grow up, it seems that education has a larger impact on their definition of shame than family (Guimond, et al., 1989). Often the expectations of a culture are different from those within the family which is why education is also a huge factor.

### **Influence of Education**

Education builds on what is learned at home and teaches children what society expects of them. This is true when thinking about shame. In elementary school, teachers may favor one or two children, whether consciously or unconsciously. This can cause the

students to compare themselves to the favored ones. They feel ashamed, even rejected, because they are not thought of as highly as their peers by adults and their self-esteem may be damaged for years to come (Scheff, 2000). When students enter college they enter a new culture with different ways to approach shame.

Universities tend to cultivate a sub-culture within the confines of the campus. College is one of the main places in which young people learn what they think in light of what the culture believes, both as a university and the country as a whole. However, the culture of the chosen field of study also influences how abstract ideas like shame are approached (Guimond, et al., 1989).

In Nursing school, I learned that the medical world often blames nurses for errors because they are most frequently in contact with the patient and the ones who administer medication and other medical orders. With this mindset being taught it is no wonder that "nurses blame themselves for medical errors" (Ramsey, 2005, p. 20). Even if the doctor is the one who messes up, it is the nurse's job to advocate for their patient and be extremely careful about any orders received. If a nurse fails to advocate, they may ask themselves what they could have done differently? If the orders were not clear or did not feel right, they could have asked for clarification from the doctor who created the order. Shame occurs because of a feeling that they have failed the patient which can lead to a tendency to correlate the two feelings in other situations. This, as well as high academic standards during schooling, seem to teach nursing students to fear failure.

Most majors teach students that failure is inevitable and nothing to be ashamed of. For example, computer science majors have to fail over and over to reach the desired outcome, testing and retesting to make sure the program they are working on gets

everything just right (Krebs, 2012). For teachers and students alike, this is viewed as persistence and not failure. The way in which failure is approached and talked about is key to learning how to bounce back from a failure. *Are some teachers letting students know that it's good to fail?*

The way in which shame and failure are approached by different groups leads to different treatments of shame. *The culture between education and family can differ significantly. Which do we find more important or influential?* From the educational system, to family, peers, and social status, what defines a shameful experience changes. Each group has different expectations and shame comes out of the inability to live up to social standards. Though shame can have many causes, each group tends to treat shame in a similar manner.

### **Treatment of Shame**

For most people, shame is an emotion. This means that it is neither bad nor good, though it is usually only seen as a bad thing. Negative feelings of shame may occur when people try hiding away, the self-defense aspect, but positive reactions to shame may come when someone does something about what they are feeling. The treatment of shame shows the influence of culture. There are positive and negative aspects of shame that are in effect internally and externally, causing either self-defense or self-improvement (Gausel & Leach, 2011). For example, experiencing shame may cause a person to close themselves off in the attempt to not experience any deeper shame. On the other hand, being aware of feelings of shame may help someone discover a way in which they need to grow. *Which one is society more conducive to? Is society willing to see shame as a positive experience, or is it stuck in viewing it as only negative?* Positive treatment of

shame tends to be an alien concept to most due to negative connotations and associated emotions most commonly linked to these experiences. Only relatively recently have researchers started asking how shame can be discussed in a positive light.

### **Positive Treatment of Shame**

The foreign concept of treating shame as a positive experience requires a new way of talking about it. Thankfully, this has already begun to take place. In 1971, research psychologist and psychoanalyst Helen Lewis “recast shame in social terms” (Scheff, 2000, p. 86). Where shame had previously been viewed as primarily internal, Lewis defined it as “a bodily and/or mental response to the threat of disconnection from the other” (Scheff, 2000, p. 95). Lewis’ findings and blunt way of discussing shame as a reaction to society has allowed others to clearly address shame for what it is instead of avoiding it (Scheff, 2000). This has primarily taken place because people are willing to work with others on figuring out just what shame is.

Prior to this, researchers who attempted to describe shame worked independently and rarely named it outright, let alone defined it (Scheff, 2000). Part of the reason Americans are reluctant to deal with shame is because “the English language . . . disguises shame” (Scheff, 2003, p. 240). English is the only modern language that does not have a way to differentiate between positive and negative shame, creating the sense that all shame is negative (Scheff, 2003). Without creating new words to describe everyday shame, the way shame is talked about could be changed to highlight the positive elements and create a culture that is more concerned with self-improvement than self-defense.

When shame is treated as a positive experience it can be helpful in pushing someone toward self-improvement (Gausel & Leach, 2011). It can also help a person learn self-control and resilience (Carlson, 2015; Deigh, 1983). From the time of Darwin, shame has been seen as the ability to self-monitor actions in society. Darwin believed that blushing was one of the prominent ways in which shame was shown physically (Scheff, 1988). Thomas Scheff (1988) comments on this theory saying, “blushing may be caused by perceptions of other people’s evaluation of the self, whether positive or negative” (p. 398). Whenever people blush the root cause is shame, even if it is identified as shyness or modesty (Scheff, 1988). This means that there are variations of shame, some of which are already being praised.

*Having shame on my mind almost constantly, it has been interesting to note how it pops up in everyday language. Friends say, “shame on you” when someone confesses something they have done that they should not have done, usually something inconsequential such as staying up late to finish a TV show when they said they were going to bed early. In a lunch with co-workers, a separate “shame” tab was created because one person wanted vegetables, specifically Brussels sprouts, which most of the group severely disliked. Jokingly, those who dislike Brussels sprouts were saying that the people who wanted the vegetables should feel shame. In these instances, the negative connotations of shame are ignored, turning the expression into a humorous reprimand or joke among friends. Nonetheless, people should be careful with throwing around “shame” in casual conversations as not everyone appreciates the word, even as a joke.*

Even though shame is strongly associated with a lack of self-esteem, those with a strong sense of confidence in who they are, high in self-esteem, are usually not

overwhelmed when they experience shame. Instead, they use feelings of shame to examine their beliefs and ground themselves more firmly in them or to make an educated change in thought (Scheff, 1988). By simply acknowledging shame many people are able to move past it. Without naming shame, there is no way that anyone can move past it, sureness of self or no. People who have a mindset of self-improvement in the face of shame have developed resilience and use those feelings to grow (Brown, 2012). Nonetheless, this perspective can seem overly optimistic, especially as shame rarely feels like a positive experience.

### **Negative Treatment of Shame**

While there can be positive outcomes when shame is experienced, it is most often thought of as detrimental to a person's self-image or esteem as well as to others' opinions of that person (Deigh, 1983; Guimond, et al., 1989). Shame is frequently confused with and treated as other emotions such as depression, guilt, and embarrassment (Gausel & Leach, 2011; Scheff, 2008). This mistreatment, along with the isolating nature of shame, leads those experiencing shame to withdraw from others (Brown, 2010a; Brown, 2012; Deigh, 1983). If not confused with similar emotions, most people do not want to acknowledge shame but deal with the socially acceptable emotions instead.

Shame is often confused with embarrassment, but shame goes beyond feelings of discomfort and can diminish a person's sense of worth (Deigh, 1983). If shame is not confused with other emotions it is "moderately to strongly correlated with depression, negative self-evaluation, and low self-esteem" (Gausel & Leach, 2011, p. 468). People try to hide shame away because society tells them that appearances are more important than whatever is on the inside, leading to greater feelings of shame when the curtain falls and

that person's true character is revealed (Deigh, 1983). *People should not have to hide who they are or what they're going through, whether who they are is considered socially acceptable or not.* For example, Miranda Lambert released a song called "Mama's Broken Heart" which describes what a mother told her daughter she should do after a breakup:

Don't matter how you feel, it only matters how you look  
Go and fix your make up girl it's, just a break up run an'  
Hide your crazy and start actin' like a lady 'cause I  
Raised you better, gotta keep it together even when you fall apart. (Clark, McAnally, & Musgraves, 2013).

Even though she was going through a painful breakup and possibly feeling shame over a failed relationship, her mother tells her that the rest of the world should not know how she was feeling so she needs to look presentable; outward appearances are the important part. The internal treatment of shame is usually hidden, but when shame is public the treatment is evident.

Cultural expectations not only influence how one perceives shame, but how people are treated after they have or are perceived to have failed. This is what leads those who have failed and feel ashamed to feelings of loneliness and rejection. While the emotional side of shame is private, there are physical attributes that are publicly visible and affect those around us (Probyn, 2005). Not only do people hide when they feel ashamed, but people treat shame in others by acting in ways that exclude them – they are ashamed to be associated with shame. This lack of wanting to deal with other peoples' shame transitions into the professional treatment realm as well.



When someone actually gets the courage to go to therapy, they often have to differentiate between shame, rejection, a damaged social image, or other similar feelings in order to deal with the “heart” of the problem (Gausel & Leach, 2011). Because shame is so common, yet invisible, it is usually misnamed or ignored even in therapy (Scheff, 1988). It is only through close examination of verbal and nonverbal cues that shame can be brought out of hiding (Scheff 1988). Close examination is not usually given because no one wants to talk about shame. *How often do people try to make shame fit in their perfect little box, rather than accepting it for what it is? How often, in doing this, is true shame misdiagnosed?* The complexity that is shame is often the heart of the issue, but other times there is something else.

### **Fear of Failure**

One emotional blockade that can cause or be perpetuated by shame is Fear of Failure (FoF). Because education is based on achievement or failure, FoF is prevalent in the academic setting and is something I have self-diagnosed myself with as the overarching reason behind my withdrawal from Patho-pharm. FoF has become more of an issue as parents protect their children from experiencing failure and, unintentionally, teaching them that failure only has negative connotations (Carlson, 2015). FoF is a psychological perspective, a mindset that focuses on the inadequacy of self, accompanied by symptoms and effects, and is linked closely with shame, the two feeding into each other and creating a self-perpetuating downwards spiral.

### **Definition**

FoF is primarily a reaction that people have in response to cultural expectations. It is anxiety over having to reevaluate one’s competency and social standing (Bartels &

Ryan, 2013, p. 42). "We view fear of failure as a self-evaluative framework in which failure is construed as an indicator of global incompetence that puts the self at risk of rejection and abandonment by significant others" (McGregor & Elliot, 2005, p. 220). It is a person's fear of being judged for their incompetence.

There are three main motivations students find when it is time to study: an interest in what they're learning, good grades, and FoF (Diseth, 2003). FoF alone is correlated with "negative emotionality and maladaptive coping responses" (Diseth, 2003, p. 146). When studying, the possibility of failure may keep a student from focusing on truly learning and improving. These feelings can be heightened if the student does not find the topic engaging or felt that they did not do well on the previous assignment, anticipating that the outcome will be the same as previous ones (Turner & Husman, 2008). It can cause a person to focus on the shame that may occur if they fail and what consequence may come out of that, such as losing important relationships (McGregor & Elliot, 2005). *What motivation are teachers giving students to study? Is the focus on achievement or true learning and growth?* As both a reaction and motivation there are several ways in which FoF is portrayed.

### **Symptoms and Effects**

Like most diagnosable mental disorders, FoF has physical, mental and social effects. The idea of possibly not being good enough or able to measure up has effects similar to those of depression and anxiety. Physically manifestations are "associated with anorexia, male sexual dysfunction, and clinical headache disorders" (Bartels & Ryan, 2013, p. 44). However, the most prevalent effect for people struggling with FoF is avoidance.

Wanting to disappear or dedicate one's thoughts to something else are common ways of avoiding in FoF. "The feeling of shame is correlated to wanting to physically avoid the failure . . . and other people . . . The feeling of shame is also correlated with wanting to psychologically avoid one's failure by not thinking about it and wanting to cover it up" (Gausel & Leach, 2011, p. 472). Because of the desire to avoid failure, the students who need the most help are usually more reluctant to seek it (Krarabenick and Knapp, 1988). Wanting to focus on something other than failure may come from an already misdirected focus.

People who have a greater tendency to fall into FoF tend to focus more on the possibility of failure, rather than the possibility of success or the task at hand (McGregor & Elliot, 2005). This leads to a lack of deep and effective studying and makes students question their adequacy (Diseth, 2003; Gausel & Leach, 2011). In questioning their adequacy, students may fall into a self-destructive cycle of maladaptive study habits (Bartels & Ryan, 2013). In order to avoid thinking about failing, students avoid studying. This leads not only to failure but hinders the student's ability to better themselves. McGregor and Elliot (2005) put it this way:

In essence, the avoidance of mistakes and failures stunts the growth and maturation of persons high in fear of failure, which, over time, merely leads to more mistakes and failures. As such, the avoidance of failure is likely to be a self-perpetuating process in that the process of avoiding failure is likely to serve a role in maintaining and exacerbating the tendency to avoid failure.  
(p. 229)

It is a downward spiral in which people with FoF tend to view failure as uncontrollable and will not study because they believe the outcome will be the same no matter what (Dong, Stupinsky, Obade, Gerszewski, & Ruthig, 2015). FoF as a motivation is not the only reason academic failure causes feelings of shame (Turner & Husman, 2008).

Students who are engaged in the material and fail also find it a shameful experience. Where FoF often leads to a cycle of avoidance, failure for those who do not experience FoF will most likely lead to applied dedication to the student's study habits, learning from the shame instead of hiding from it. When paired with a strong feeling of being able to control their academic achievement, preoccupation with failure can cause students to study harder and perform better than their peers (Perry, Hladkyj, Pekrun, Clifton, & Chipperfield, 2005). In these instances, students succeed because they do not fear failure but see it "as controllable and changeable" (Perry, et al., 2005, p. 562). Nevertheless, preoccupation and perpetuation of failure is often accompanied by a constant feeling of shame.

### **Relationship with Shame**

Shame and failure, especially FoF, are closely linked. Deigh (1983) notes that "Shame goes to failure, guilt to transgression. Shame is felt over shortcomings, guilt over wrong-doings" (p. 225). When looking at students, this means that if failure is seen as uncontrollable, no matter what they do shame is felt, while if the events leading to failure are controllable, and the student feels as if they did not do everything they could, they experience guilt (Dong, et al., 2015). In FoF the cycle of avoidance and repeat failures makes feeling shame a constant possibility.

Shame also tends to be an endless loop, internally and externally. Comparing two studies on emotions of inadequacy in society, Scheff (1988) puts it this way: “In Goffman’s analysis, one becomes ashamed that the other is ashamed, who in turn becomes ashamed, which increases the first person’s shame, and so on – an *interpersonal* feeling trap. In Lewis’s analysis, one becomes ashamed that one is ashamed, an inner loop which feeds on itself – an *intrapersonal* trap” (p. 369). FoF and shame trap people and make them feel as though they cannot escape.

Experiencing shame is one of the greatest fears accompanying FoF (Bartels & Ryan, 2013). Like shame, FoF is closely associated with the feeling of one’s whole self being inadequate (Gausel & Leach, 2011). People experiencing FoF often avoid instances where their lack of ability may lead to shame and failure, and fear of shame can lead to maladaptive achievement goals, becoming an endless cycle of fail, feel shame, and repeat (Bartels & Ryan, 2013). It does not help that many students today have not been allowed to fail, often being raised to view failure as shameful, and will give up their goals and dreams to avoid failure (Carlson, 2015; Turner & Husman, 2008). In trying not to think about, people actively avoid it.

Like shame, failure can also be used positively. Bartels and Ryan (2013) found that there are three ways in which failure can be turned into a positive experience by educators. These are, "(a) in viewing failure as an opportunity to learn from mistakes, (b) de-emphasizing the relevance of one instance of failure on one's global self-estimate, and (c) emphasizing that one's future does not ride on the outcome of one test or assignment, or grade" (p. 48). *Failing is not the end of the world, nor should it be taught or accepted*

*as such. Instead, it should be harnessed to redirect the student in either method or choice of study.*

If both shame and failure are treated this way, experiences that are now a private struggle could be more easily used for self-improvement. “Using emotions as information, a reevaluation of today’s failure could lead to tomorrow’s triumph” (Turner & Husman, 2008, p. 168). There need to be conversations about shame in failure to make this mindset a reality.

### Chapter Three: My Story

“I’m going to be a nurse like my mom!” I say at four years old.

Mom is not a nurse, but she did work in the mother-baby unit filling out forms with the exhausted patients who had just gone through the worst pain they would ever experience. She had worked there for so long she could rattle off questions in Spanish like, “What’s the father’s name” and “When was the last time you had your period,” never having learned the language before, and only had to call for the interpreter when the answer was not simple. It is also not simple to explain this to a four-year-old, so I maintain that I am going to be a nurse like my mom.

As I grow older, the future seems to hold many opportunities. From Cinderella, to “playing on computers like Daddy,” to bus driver, teacher, and ballerina all at the same time, I fantasize about my future like any child. I learn that Grandma had been a nurse, so I want to be like her and wear her nurse’s cap and a white dress for Halloween in first grade. I never hold to an idea for long.

In high school my mind settles and I decide to become a nurse, specifically a midwife. Not everyone agrees that this is the path for me though.

“You would make a really great teacher,” teachers have said since high school. I hang my head and avert my eyes.

“I’m going to be a nurse,” I say softly.

“Oh. You’ll be a good nurse too.” I can feel their disappointment, the “I guess” hanging in the air. *I’ve let someone down again.*

“Right now, my plan is to be a midwife somewhere overseas,” I add with a smile on my face. “But God’s plan might be different! The important part is that I will be a

missionary, spreading God's word." *This way I don't have to worry. It'll all work out!*  
*Right?*

### **Fall Semester First Year**

I start Concordia University the Fall right out of high school, a bright-eyed, optimistic Freshman with nothing to fear. With no previous medical care experience and the dream to become a Registered Nurse Midwife, after completing a Bachelor of Science in Nursing (BSN) and passing the National Certification and Licensure Examination (NCLEX). I had applied for the Freshman Advantage program offered to hopeful Nursing students at Concordia. This program promised that, if our cumulative overall and combined math and science grades was at least a 3.2 GPA, we would be admitted into the Nursing program, no application necessary.

My worst nightmare being failing at school, I am driven to get good grades. I graduated from high-school as co-valedictorian with a 4.0 GPA and am sure that keeping my grades up will be no problem. Having a goal set by someone other than myself has always be more compelling than anything I set for myself, so I feel the pressure to live up to it.

"Keep up your grades," Mom constantly reminds me, especially when she sees me spending more time with friends and less with my studies. "Everyone I talk to regrets losing their Freshman Advantage." She works in the mailroom at Concordia so she talks to a lot of people.

"I know, Mom," I say, turning around quickly and joining my friends in the Dining Hall. I am not worried. Only one B at the end of the semester and I know I am doing fine.



### Spring Semester First Year

The new year starts out not fine. At least physically speaking. Within a week of classes starting again, I leave the Biology lab to throw up. I go back to my dorm to relax and recuperate and am feeling better the next morning. Two weeks later, I struggle to sit up without the room spinning around me. I cannot look at my computer without wanting to puke so I cannot email my professors until class is about to start. I do not want to have an unexcused absence because I emailed after class, so I drag myself up to the third floor of Luther to tell the professor why I am going back to my room. I give my ID card to my friends when they go to the cafeteria so that they can bring me food. *There is no physical possibility that I am pregnant. What else could it be?*

By the end of the week there is no sign of recovery and my friend goes with me to the campus nurse. Sarah Mae is one of my favorite people on campus. She is motherly, takes every opportunity to teach nursing students when they visit her office, and is genuinely interested in how my life is going. She recommends a medication that she thinks will help and gives me a bear-hug, saying that she hopes I will feel better soon.

Barely being able to walk back to my room without falling over, I give my friend cash and ask her to pick up the medication on her way back from an off-campus appointment. She is successful and I take a pill as soon as she hands them to me. Within a few hours I am back on my feet and after several days I am able to stop taking meds.

The rest of the school year passes quickly, and the first reevaluation of the Freshman Advantage students comes. I manage to maintain a cumulative GPA of 3.78, moving forward in good standing and not thinking about the Admit to Major process like

so many of my peers. Our second reevaluation will occur at the end of the Fall semester of Sophomore year.

During the summer I take a course to become a Certified Nursing Assistant (CNA). For four weeks I spend my evenings in a classroom learning how to feed, clean, clothe, and provide other care as needed for those who cannot do those things for themselves. For the next four weeks my classmates and I put what we learned into practice, my first clinical experience ever. I do not dislike the experience, but I know for sure that I do not want to be a CNA. I sign up for the test at the end of the course, but it is canceled. I try to reschedule it, half-heartedly, but with school starting up again and I easily become distracted.

### **Fall Semester Second Year**

It is the semester that every pre-Nursing student dreads: Anatomy and Physiology (A&P) and Microbiology at the same time while trying to juggle our other required courses that we will not be able to take when we are in the actual Nursing program. I wish I could forget that this semester happened. Forty-five percent on my practical muscle examination in A&P helps me get my first C since middle-school.

The reevaluation of the Freshman Advantage students cannot come soon enough. Winter Break starts but one question plagues me: *What did my Anatomy grades do to my GPA? Do I still have Freshman Advantage?* It is the first time I am unsure about my grades or overall academic standing, but it is also the first time that I am happy to have a C in school. *At least I know that I passed.*

## **Spring Semester Second Year**

Dear Liana,

Congratulations!

After reviewing your academic transcripts, you have maintained the Freshman Advantage benchmarks necessary to continue in the upper division nursing major. Therefore, upon successful completion of your Spring courses, you will be able to join the Summer Concordia University BSN Cohort.

The nursing program is challenging and we commend your diligence in working towards a rewarding career in service to others. At the close of spring semester your file will be audited once more to ensure that you have completed all of the required prerequisites.

Additionally, you will receive e-mails during the Spring semester regarding your course registration for Summer (this is done automatically for BSN Cohort students). You can also expect an extensive nursing orientation in June. More information will follow.

To reserve your spot in the Summer BSN Cohort, please visit the College of Health & Human Services to sign your acceptance letter by February 1.

If you have chosen a different major, contact Patricia Hale immediately.

I expect to receive your signed acceptance letter or receive notification that you have chosen a different major as soon as possible. If I do not receive your signed letter by February 1, I will assume you no longer want to be a nursing major and your spot in the Summer BSN cohort will be given to another student.

Again, congratulations! If you have any questions, please do not hesitate to contact me.

Sincerely,

Patricia Hale

Hello Patricia,

I've been waiting for this email to arrive and I'm glad that I finally know for sure that I kept my Freshman Advantage! I am ready to start learning how to be a great nurse! I will go sign the acceptance letter soon!

Thank you so much!

Liana Parks

### **Middle of Semester**

I sign my acceptance letter long before the deadline, one of six who do not have to apply to the program because we have kept our grades above the GPA requirement. Everyone else waits in agonizing suspense for the date set for acceptance and denial letters and emails to appear in physical and virtual mailboxes. Even the constant stress of the second half of A&P does not distract us to the point of forgetfulness. Those of us who did not have to apply do not escape the tension as we wait to hear which of our friends will be accepted and join us.

I avoid the mailroom and most other students like the plague that day, scared to know who has made it in or not. This feeling of unease settles across campus. It is Friday and easy to isolate myself. Standing around the classroom door before Physiology the next Monday, everyone wants to know everyone else's outcome, but no one wants to be the one to ask.

"I'm on the waiting list," Raina, my best friend, confides. "They want to go over us again." My heart sinks, wishing that they had chosen her over some of the others.

Two other friends let me know that they were also on the waiting list. I know there is still hope, nothing has been completely decided for them. "I hope you get in," I

tell them, sincerely hoping they will be chosen because none of my close friends have gotten in yet.

Two weeks later, the two have received acceptance letters and tell me quietly, preferring to celebrate privately. “I’m so glad to hear it,” I say, hugging them. “Congratulations.”

Raina is not accepted in the end. “I don’t think the person who interviewed me approved of the choices I’ve made,” she says, referring to her son and fiancé. *I wish it was her and not me who is in the program. She knows that this is what she wants and I’m still not one hundred percent sure. Would I have made it in without Freshman Advantage?*

Congratulations, new Nursing Cohort!

We look forward to working with you soon! Please keep an eye out this semester for emails from me regarding your next steps as you move closer to your first nursing class this summer. Please make note of the following:

MANDATORY Nursing Orientation

Middle of June

Location TBD

**\*\*Please expect to be on campus for the better part of the day.**

**Lunch is provided!\*\***

I look forward to seeing you all then! More updates to follow as we firm them up.

Thank you!

Martha Anderson

### **Summer Semester Third Year**

June 23<sup>rd</sup> brings the entire new BSN cohort together for the first time on the third floor of the library. Eager and nervous, we fill the rows of desks and quietly whisper

among ourselves. We note who is there and who isn't, the finalized count that we had been trying to figure out since February. Among the crowd are two faces none of us recognize and one girl who we knew for sure had appealed the previous year to retake courses.

The Nursing faculty sits behind us and Martha, the Program Coordinator for the Nursing department, makes her way to the front.

"Congratulations," she says warmly. "Today we will be doing a lot of talking at you, but we hope you will hang in there because all of it will be important for your next two years." She explains how the day will work and welcomes Dr. Skye, the dean of Nursing, to the front.

Packets and pamphlets are handed out one after the other and we talk through every single one of them. We break once for lunch – pizza – and continue with the talks. At one point, several students from the cohort above us come and give us advice and encouragement. We end by lining up and having our pictures taken for ID badges.

"Good luck," they all say. *I'm going to need it, I'm already exhausted! I still don't know if this is where I am supposed to be. I hope it is. I hope I am not just wasting my time.*

The next week, we start our first class. Twice a week we ready ourselves for a full day of lab in the morning and lecture in the afternoon, working with only half of our cohort and switching places at lunch. The first day is simple enough. The instructor begins by explaining that a large part of Nursing is teaching in the form of patient education. *Yay! This means that I can teach and not have to sacrifice any of my passions. This must be the place for me!* We cover the syllabus and sign papers stating that we

understand that the supplies they give us for practice are not to be used on people. We do a simple lab to make sure that none of us have forgotten how to do CNA work and listen to a lecture on the RN's job description.

The next day I come to class having read the wrong section and done the wrong homework for lab because I have the previous version of the textbook. My computer dies as I try to bring up assignments for in-class work. The second day of anything new has always been the worst for me and today is no exception.

"My computer isn't working," I say to the instructor. "May I go to the Tech Center to see if they can fix it or borrow a new one?"

"All right," she says slowly. "We're about to take our break anyway." *What is she thinking? Why do textbooks have to change so much each publishing? Does she see how much of a mess I feel? I can't do this!*

"Thank you," I say, grabbing my computer. I am already halfway out the door.

I resist running across campus, but I walk as quickly as I can, my brain still in a fog. I reach the counter of the Tech Center and set my laptop down with shaking hands.

"It just turned off and I don't know why and I tried to turn it back on but it won't start again and I don't know what to do and I'm supposed to be in class but I can't do the work without the assignment which I need my computer to access but it won't work and I don't know what to do." Tears burst out of my eyes like the words out of my mouth, but I can't stop either. *Ugh. August probably thinks I'm super emotional now. I can't believe I'm crying. I never cry in front of people.*

"Here," August, the person currently working the IT desk, reaches up to the counter and sets down two Kisses. "You look like you need chocolate today."

“Thanks,” I say. “I don’t know why I’m like this.”

“It’s okay. Let’s take a look at your computer.” I hand it to him and he tries turning it on. The screen shows signs of being backlit and it hums for a second before returning to its non-working, power-off state. “Do you have your charger?” Luckily, I had put that in my bag this morning and had the foresight to grab everything as I fled the classroom.

“Yeah,” I say, handing it over the counter.

August plugs it in, presses the power button, and the laptop springs to life. *All this because I didn’t charge it? No. I had it charging all night. What’s wrong with it then?*

“I had it plugged in all night, so it should be fully charged,” I tell August. “Why wouldn’t it work?”

“I think you may need a new battery,” he replies, handing me back my computer and charger.

“Okay, I’ll look into that. Thanks, for everything. Sorry for breaking down here.”

“No problem. Hope your day gets better. I have more chocolate if you need it.”

“I’ll keep that in mind,” I say. “See you later.”

I return to the lab and plug in my computer so that I can do the assignment. Eventually the shaking stops and the rest of the day passes before I know it. The rest of the Summer goes by smoothly, giving way to Fall and our first full-time Nursing semester.

### **Fall Semester Third Year**

It is the second week of our first clinical in the Fall and we are finishing lunch. Our instructor tells us to go help the nurses with whatever they need, make ourselves



available. Everyone immediately crowds around Debbie, the nurse we worked with the week before. She is a sweet and patient teacher, the type of person who beginning nursing students hope to work with. Lydia, on the other hand, is gruff and has mostly ignored us up to this point. *I will not have to wait in line to be given a task if I talk to Lydia. Also, she has the short-term residents which means that the tasks would be more varied.* I walk up to Lydia, plant myself with my hands open and say, “Put me to work.” And she does.

During the remainder of our time there, Lydia grows to trust me and takes me under her wing. I do not work with the other nurses if she is there, and after a couple more weeks, she takes one of her first actual lunch breaks in a long time.

I learn so much from Lydia: what caring for patients looks like, how to make the boundaries of nurse and patient clear from the get-go, technical nursing tasks, bantering, and so much more. I learn that her gruffness is out of concern for her patients. She does not trust others to care for them as well as she does. She includes me in every teaching moment she can. Her patients start asking for my help specifically. “The Little One” is synonymous with “Liana.” The fact that she trusts me to take care of her patients without her supervision, and lets me teach my peers how to take care of several wounds, is such an honor.

When working with Lydia, I end up spending most of my time in two rooms, building relationships with five patients in particular. Two women spend their free time showing each other videos on their smart TV, pulling us in when they find something they think would interest us, which is how I find out that watching people pop large pimples makes me feel faint. One of them is a large African-American woman who looks

like she is only in her forties and is rarely seen out of bed. She gives us practical advice, including what products would work well with my curly hair. She keeps telling me that she would love to play with my hair when it has no product in it, so on our last day I shampoo my hair and put nothing in it. During lunch, I sit by her bed as she runs her fingers through my hair, styling it. My hair will never work with me like it does with her.

Her roommate is a small Caucasian Jesuit who suffers from arthritis and pain in her arms and legs from diabetes. When we first meet her she is lively, energetic, and ready to engage with others. As the weeks go by she starts to deteriorate slowly. She spends more time smoking and sleeping, not as peppy as she has been. We are not sure why this is happening but we are worried about her.

The gentlemen across the hall are a different story. All three had wounds, two from amputations and one severe cellulitis. I met the man in the corner on his first week there and am amazed to see the wounds from his toe amputations heal over the following weeks. One of his roommates gives me bantering practice and the other is willing to talk, but wary of the student nurses practicing skills with him. Near the end of our time there, I am proud that our wary resident asks me directly to change the dressing on his amputated leg because that meant that, somehow, I had gained his trust.

“Are you sure you want me to take care of it?” I ask.

“Yeah,” he says. “You’ve done this before.”

“Umm . . . I’ve never actually seen your wound.”

“Yes, you have,” he insists.

I turn to Lydia who tells me to look at the current dressing and copy what’s there. The supplies are by the bed and the resident gives me directions if I look confused. As I

work on dressing his wound we talk. He is excited to get back home so that he can play with his grandkids again.

As the Fall semester progresses I start to worry. My patho-pharm grade is decent, but low. I hope that I can pull it together and just pass every test. Others have the same fears, some worse than I.

I start to notice empty chairs where my friends used to sit. Even if they still come to the other classes no one wants to ask where they were, especially since we can tell they weren't sick. They don't offer any details either. By finals, four have left. *I hope they're okay. I know Rose and Sue really want to be nurses, they'll be great at it too, and Kathy wants to run a therapy center for kids. I hope they don't give up and can live out their dreams. But I can't focus on them. I need to make it through finals.*

Towards the end of November, I get a text from Raina. We text often, so I put off looking at it until I have time to read and respond. It is a screenshot of her email on her phone, an email welcoming her into the accelerated BSN cohort! This is welcome and uplifting news that brings hope to the season of finals.

To find some peace and to get away to study, I visit my Grandma the weekend before finals. I study for hours every morning, sometimes into the afternoon, and spend time with her relaxing and letting everything settle into my brain later in the day. I take flashcards for studying medications, finally getting through the pile as the bus pulls into the downtown Portland station. I feel better prepared for that final than I have for any test in the last two and a half years.

I take the test, managing a B at last and know that I will be back next semester. We end the year with our last final snowed out and set off to enjoy a quiet winter break.

### **Spring Semester Third Year**

The snow comes back just as Spring semester starts. For most students, it is a continuation of the relaxing break, but we Nursing students receive an email saying that snow does not stop school. We don't have enough time to get through all of the material we need to if we take a snow day, so we get to listen to voiced-over PowerPoints. The snow soon dissipates and school progresses as usual.

This semester we have two clinicals, both exciting and challenging in their own way. One is in a Trauma Recovery Acute Care Unit at a local hospital and the other at an alternative housing project, a minimalistic downtown apartment building for people coming off the streets for the first time in a while. Many residents at the downtown site do not like to leave their rooms and the others are not interested in the mini clinics we offer. As a clinical group, we organize a health fair for the residents of the apartment complex, partnering with local organizations and individuals to provide pet care, haircuts, AIDS/HIV testing, foot care, and other basic services that we can do for free. It is a success, largely due to the pet services, and we meet more residents in that one day than we have in the last couple of months.

I love doing the work. I love interacting with residents and patients from both clinical sites. I do not even mind the twelve-hour clinical at the hospital. But in the classroom, all I can do is try to stay afloat.

Every small assignment based off the reading is completed on time and I get full points. I tell myself that I need to study more frequently, review more, reread more. But I find myself watching more Netflix, reading more novels, spending more time with friends. I am studying, but not enough, not correctly. My first Patho-pharm test of the

semester is a sixty-eight percent. *My problem is that I do not understand NCLEX-style tests. I do not understand how to figure out what the most right answer is supposed to be. Even when I study and know how the drugs work or how the disease affects the body I cannot seem to figure out how to answer the questions correctly. It does not make sense!*

I reach out to the tutor as Dr. Skye suggests. She asks what sections I need help on. *I do not need help on a specific section. I need help on how to take this kind of test well. She does not understand what I am asking, so how would she be able to help me?* I tell her, “Nevermind,” and try to keep doing it on my own.

### **March**

I know the email is coming. No one else will get their test scores until everyone has taken the test. But those of us who are at risk of failing the class will be getting an email asking us to go in and talk to Dr. Skye about our options.

I have already been in to her office once this semester and I want my feelings to be wrong so badly. But, as I expect, the email shows up the day after the test during one of our other lectures.

Wanting to bite the bullet, and my anxiety not allowing me to wait I rush to Dr. Skye’ office directly after class. I am the first one down.

She welcomes me and asks me to sit.

“You got a sixty-percent,” she says directly. “Giving you an average of sixty-four-percent in tests this semester. What are you going to do?”

“I don’t know,” I say, my voice shaking, on the verge of tears.

“You did not seem willing to take the measures that we talked about last time,” she observes.

“I did reach out to the tutor,” I try weakly. I know there is no use.

My options are limited. I can either withdraw and appeal to get back in or apply to another school, or try to get A’s on the last two exams and run the risk of failing and never having another chance as a nurse. I say I will figure it out by Friday, not wanting to have an F or W on my transcript if I can help it.

My mind flashes back to the empty chairs in the first semester, my friends who had, for some reason or other, not been able to continue. I recall the silence, the way they just dropped off the face of the earth. I do not want to end up like them, I can’t stand it. I cannot stand to be pitied. I cannot stand under the judgement of the remaining students. I do not want to be the one who disappears because then they will all know that I cannot do it. I do not want to be another empty chair.

*There is no reason for them to know. They are going to judge when they realize next year what had happened. I still have other classes with them and I don’t want to answer their questions or sit under their questioning stares.*

“Can I still come to the class?” I muster up the courage to ask. “It is my favorite class and it is really helpful for med-surg.” *That might be laying it on thick, but it is true.*

“Of course,” Dr. Skye replies.

I am sure she can see through my reasons to the heart of what I am asking, but I am too relieved to care. Now I won’t be an empty desk. I will just not show up in the Fall and they’ll fill in the rows as if I was never here in the first place.

It feels like I have been in here for ages, rather than a few minutes. My face has grown crimson and my jaw and cheeks hurt from clenching to hold back the tears.

On my way out, I pass another student who received the same email and I feel a little justified, though no less ashamed. *I am not the only one!* I walk out of the office, a little way down the hall, and into the lady's room. I know what my only option is. I have to withdraw. It is the only way I have a real chance of becoming a nurse if I really want. But I am not ready to commit, to accept my fate, to admit that I know I cannot do it. A few hot tears run down my cheeks and I brush them away, not daring to look in the mirror until I have finished washing my face. That small victory won, I am able to walk to the Tech Center, though my mind still reels.

*I don't know where to go. I can't talk to anyone to let them know what's going on inside me. The war in my mind blocks out the rest of the world, consuming every thought, every action on automatic, giving in to the primal instincts of hide! survive! But everywhere I turn there are people. People I know who cannot know me as the failure I am; people I don't know who I can feel the waves of judgement coming off of.*

*They must know! How do they know?*

*I just want to disappear. I want to run away as fast as I can, but I am fat and out of shape, so I wouldn't get far anyway. I should just melt into oblivion, hide in plain sight. Act like everything is okay; nothing has changed; my whole world has not just ended.*

When I get to the Tech Center I am able to hide from the crowds of students and release my anguish, much to the discomfort of the IT guys. One of them hands me a box of tissues and sits nearby to eat his lunch. His mere presence a comfort, I am able to once again compose myself to walk out and meet my future.

Hi Patricia,

I am facing a decision that needs to be resolved today, as I have clinical tomorrow.

I am currently failing NUR 314 and it would be very hard to get my grade up by the end of the semester. I am wondering about my options if I were to withdraw from the course. My main question is if it would be possible to join the next cohort next spring, or whenever so that I can graduate just a year later? If I can, do I need to apply, or fill out any paperwork or anything?

I'm trying to weigh all of my options and I wasn't given that much warning to do so. Please let me know what I can do so that I can graduate from Concordia as a nurse.

Thank you,

Liana Parks

Hi Liana,

Thank you for your e-mail! I'm sorry to hear about your difficult situation, but I'm glad you reached out to me.

If you withdraw from a Nursing class, you will need to appeal to the Nursing Admission & Progression Committee for permission to return to the CU Nursing Program next Spring. Approval to return is not guaranteed, but this option makes transferring to another Nursing program a possibility (if your appeal is denied by the CU Nursing Admission & Progression Committee). If you withdraw from NUR 314, but pass all of your other NUR classes, then you will still be in "Good Standing" at the end of the semester. This status is what makes transferring to another program a possibility.

If you stay in NUR 314 and do not pass the class, then you will not be in "Good Standing". If you apply to a different Nursing Program, they will ask for a letter from Dr. Skye stating that you left CU in "Good Standing". If you have failed NUR 314, then Dr. Skye will not be able to write that letter, and transferring will almost certainly not be an option.



I hope this all makes sense, but let me know if you would like to chat more about this in person. I am free today until 1:30pm - just let me know if you are able to/would like to come by Student Affairs.

Patricia Hale

Patricia,

That makes sense, thank you.

I will talk to my mom and figure out what my next step will be.

Do I let you or the Registrar know if I decide to drop the class?

Thank you,

Liana

Hi Liana,

Sounds good! Just let me know (e-mail is fine) by 4:30pm tomorrow (Friday) if you would like to withdraw from the class.

Patricia Hale

Patricia,

Thank you for working with me on this. I have decided that it is best if I withdraw from NUR 314 this semester.

I'm sorry to have to drop this class as it has been my favorite class out of our line-up. I'm hoping to talk to Dr. Skye about what I can do better next time.

Please let me know what steps I need to take to appeal to return to the program next Spring.

Thank you,

Liana

Hi Liana,

Thank you for your e-mail. Per your request, I have withdrawn you from NUR 314 for this Spring. Please view your updated schedule in MyCU and let me know right away if you have any questions.

If you want, you may ask Dr. Skye if it would be ok for you to sit through the rest of the lectures for NUR 314, even though you have withdrawn from the class.

Also, if you would like to appeal to return to CU's program next year, then you will need to write your appeal letter. The letter should address why you were not successful in NUR 314, why you believe you should be allowed an exception to come back and retake this class, and what will be different if you are allowed to retake the class. Generally, letters that look for excuses and blame others for the failure are not very well received by the Nursing Committee. Instead, the focus should be on your responsibility for learning the material and passing classes, and what you can control as you move forward.

According to the BSN Student Handbook, your appeal letter must be submitted within 7 business days of the end of the semester. However, I recommend that you try to submit your appeal prior to Spring Break (prior to March 24th), so that your appeal can be reviewed and you will have an answer sooner rather than later. To submit your letter, you will need to drop off a hard copy to the College of Health & Human Services (GRW 215) and e-mail a copy to me, which I will forward to the Nursing Admissions & Progression Committee Chair.

Once your letter is submitted, it will be reviewed by the Nursing Admissions & Progression Committee at their next meeting (a representative from the Committee will notify you of the exact date, upon receiving your appeal letter). Shortly after that meeting, you will be notified of the Committee's decision.

While I am not allowed to assist you in writing your letter, I do strongly encourage you to have people you trust review the letter for content, clarity, tone, and grammar. You may also e-mail me with any questions you have about the letter or the appeal process.

I hope this helps, but, again, let me know if you have any questions!

Patricia Hale

**April**

*Dear Concordia University Nursing Admissions and Progression Committee,*

*My name is Liana Parks and I am writing to request your consideration in allowing me to return to the BSN program next Spring.*

*I withdrew from NUR 314, Acute Care Pathology and Pharmacology, so as not to fail the class due to low test grades. I was consistently getting A's in my case studies, however, I have not been able to determine the precise reason for failing the tests. I should have utilized the resources made available to me by the school after poor results on the first test of the semester. I was reluctant to work with a tutor because, in the past, I have never needed any help academically and I thought I would improve on the next test. Prior to starting the BSN program, I found academics to take very little effort, and knew going in that it would require more energy than anything I had taken previously. However, I underestimated how much effort it would take and I know that I was wrong in not asking for help.*

*I am requesting that I be allowed back into the Nursing Program because I believe I will be a good nurse. As a nurse, my role goes far beyond following doctor's orders, as I aim to connect with patients personally. As an individual, I am an encourager, an active listener, and a helpful resource. These are all necessary roles needed to be an effective nurse for my patients and a positive peer towards my co-workers. I demonstrate this in my Public Health clinical when I ask clients about something they had told me a week or two previous. For example, one of the residents has a rat who was scheduled to have a tumor removed from her leg during the week. The next time I saw the resident I asked him how she was doing and he brought her out to show me that the tumor had been removed. Following up on conversations that I have had with patients shows them that I care and want to see them thrive.*

*My clinical instructors have given me excellent feedback on my performance of nursing skills and interactions with patients and other health care personnel. In my long-term care clinical I gained the trust of a nurse who was wary of students because of her desire for her patients to have the best care*

*she could provide. I make sure that I know the background and proper procedure for nursing interventions before I perform them, and when I have questions about anything in the clinical setting I have no qualms about asking for help. This is the mentality I know that I need to apply to my classroom studies from this point forward.*

*If I am allowed to return to the program next Spring, I will take several measures to be successful. To begin with, I will meet with a tutor twice a week. I will also collaborate with my peers and cut back my work hours. Reducing my work hours will give me more time for focused studying. In addition, I will talk to Learning Services in the Student Affairs office to find methods of studying that will help me to be successful in the program. I will ask my family and friends to keep me accountable. I will do my best to prove that this is where I am meant to be.*

*Thank you for reviewing my appeal. It has been difficult accepting that I cannot progress in the Nursing Program this Fall. I have enjoyed my time thus far and know that this is where I should be. I firmly believe that Concordia's Nursing Program is the best for preparing nurses for the work-force. I pray that God guides your decision.*

*Sincerely,*

*Liana Parks*

I run into a patient from our hospital clinical at a Starbucks while I am studying for finals. She had been hit by a car while crossing a street. I smile at her. "You remember me?!" she asks, eyes wide.

"Of course," I reply. It feels obvious that I would remember everyone that I have cared for, but other people think that nurses take care of so many patients, why would we remember them? *I wonder how the people I've cared for would respond if they knew that I might not actually be a nurse?*

She is looking good, healing and moving with less pain. She agrees that she is doing well and feels much better. I'm happy for her. *I hope invisible wounds heal like hers have.*

### Summer Fourth Year

I am sitting in bed, watching Netflix, enjoying my summer evening with no guilt when Mom knocks on the door. "Can I come in?"

"Sure," I mumble, annoyed that she is interrupting my show.

"This came in today," she says, handing me a letter. "Dr. Skye dropped it off."

"Did you open it?"

"No. I thought you should be the one to."

I take the letter from her with trembling hands. "This is it," I say out loud. *This will decide my future.* I open the letter and read it to myself, Mom watching my face intently.

"I guess I'm an English major now!" I say stoically, my lips hiding my teeth and only one corner of my mouth turned up. I don't cry as I hand the letter to Mom to read.

*Dear Liana,*

*The Admission and Progression Committee met yesterday to consider your appeal to return to the nursing program next spring. I am writing to inform you that your appeal was denied. You will not progress to graduation in the nursing program.*

*This does not imply that you are dismissed from the university. The nursing faculty encourage you to meet with an academic advisor to discuss an alternate degree plan. We genuinely wish you the best and look forward to your graduation from Concordia University.*

*Sincerely,*

*Dr. Skye*

“Do you need anything?” Mom asks.

“Nope. I’m going to go back to my show now! Bye.”

She turns off the lights as she leaves. A shiver runs down my spine and I pull my blanket tight around me. A light shines at the narrow opening of this cold, dark cave, beckoning, calling, drawing me closer to its radiating warmth. The warmth of a land where blue skies and white clouds reign. A land where the grass lives, always soft and inviting, unlike the stone I am laying on. A land where sorrows fly away.

I go to sleep after a couple episodes. I don’t cry. I wake up and take a shower in the morning. I don’t cry. I walk to work. I don’t cry. I enter the office, past the campus nurse, Sarah Mae, who is standing at the front desk, into the office where I keep my stuff while I work and start crying. My fragile emotions cannot handle seeing her this morning, not yet twenty-four hours since I got that letter. I feel as if I have let her down as well.

I try to walk quickly out of the office with my head down, but she grabs my arm and pulls me in for a hug. The chill my blanket could not keep out the night before evaporates in the warmth of her embrace.

“Are you okay?”

“I’m... I’m not going to be a nurse.” I stumble over the words that have invaded every corner of my mind but have never actually been admitted aloud. The tears are flowing freely now. She pulls me closer. She doesn’t say anything. She doesn’t need to.

I fight to control myself. I sniffle, wipe my eyes, and start to pull away. “I’m going to go wash my face,” I whisper. She lets me go.

When I get back, she is still at the front desk. She asks what my plans are and I tell her that I’m going to teach English, eventually. She is encouraging, but her eyes are

full of sadness and concern. I make it through the day without any more incidents and when I return home I seek the comfort of my room.

The sunlight filters in through the large egress window, but I still can't see. I sit on the floor, surrounded by books, binders, and boxes. Tornado Liana has just been through, tearing through drawers, shelves, and closet. Trash bin and recycling bag nearby, I crawl around my room, pawing through the remnants of my time in nursing school.

All of my notes go into the recycling, the textbooks are sold or piled up to get taken away. My scrubs join the pile of books, except for the ones with the school's logo. Those ones I piled in a bag earlier this morning and donated to the nursing program, after accidentally spilling a little of my coffee in the bag. It had been such a great morning.

My stethoscope, blood pressure cuff, sphygmomanometer, cheat sheets, those will all go to Raina because she can still use them for clinicals. All that is left are the piles that will go to Goodwill, someday.

### **Fall Semester Fourth Year**

Now that it's official, I have to tell Grandma. I don't know how to do it. She was a midwife before getting married and is so proud that I want to follow in her footsteps. Every time I visit her she tells me how many months are left until I graduate.

"Fourteen months," she says. "Study, study, study. Work hard." The multiple strokes she's had makes it hard to make full sentences.

"I'm doing my best," I respond, even after I withdrew.

When I withdrew, I stopped visiting her on my own. Mom took me with her one day and helped me tell her that my graduation was pushed back.

“She’s taking some other classes, so she won’t be graduating next Spring,” Mom told Grandma.

“Oh. Okay,” Grandma said, seeming a little confused.

But now it’s truly over. I’m not going to be a nurse.

*If she finds out she is going to have another stroke and this one is going to kill her. I can’t tell her what happened, but she needs to know that I’m switching majors.*

So I bide my time.

Weeks go by and I have not found the perfect time to tell her that I’m an English major. I don’t want to visit her because that would mean a conversation after telling her what happened. Then I’m given the opportunity I have been watching for.

Church was about to start. The band was making their way to the stage and the lead singer was putting his guitar over his head. Mom had wheeled Grandma into the auditorium and put her wheelchair brakes on.

“Hi, Grandma,” I say, leaning over her right shoulder from behind and hugging her.

“Ahh,” she smiles.

“I’m an English major now,” I say. “I love you.” I leave before she has time to respond. A sigh escapes my chest as I make my way to my seat.

*She never needs to know exactly why I switched.*

### **Spring Semester Fourth Year**

The Spring graduation approaches, which means that the Pinning ceremony for the nursing students is just around the corner. This thought brings mixed feelings. I am proud of my friends who are graduating, but I am also glad to see my former classmates,



those who had seen my shame, leave. When they leave, all will be right again. I will be able to hold my head up proudly; I will not have to hide anymore. I decide that I want to go to the pinning, so I write an email to Dr. Skye.

Hello Dr. Skye,

I know that the pinning ceremony is always very full and there's not room for extra people, but I was wondering if it would be okay for me to be there. It is important to me that I support this group I ~~should have~~ almost graduated with. If you need any volunteers, I am willing to hand out programs or do whatever else you might need. I would really like to be a part of that special night.

Thank you,

Liana Parks

My fingers add letters to every other word, unsure as I type. *Go back, fix this, retouch that. Does this sound professional? Do I sound bitter? Am I blaming anyone? Are my intentions selfish or selfless?*

*This is what I want to do. I am ready for this.*

*No, I'm not. I failed. It is my fault I'm not a part of it.*

*I really do want to support my former classmates.*

*But I also want closure. I need to do this.*

*Argh. I put my head between my knees to hide my watery eyes. From who though?*

*Shake it off. Pull it together. Hit send. Breathe.*

Several weeks later, I find myself sitting awkwardly eating pizza, listening to the nursing staff and a few students who are also volunteering jabber away. The teachers are

nurses and the students will be soon. They ask me a few questions but it's hard to know exactly how to answer them. *I don't belong.* We finish eating and head to the church.

Setting up is easy. I can lift chairs and stack programs. People begin to arrive and I direct the graduates into the auditorium for pictures.

The crowd of parents, children, spouses, and other loved ones press close to the doors in anticipation of entry into the auditorium. The perfume from dozens of roses, daisies, and other flowers hangs thickly like a cloud, with nowhere to go. As the doors open, the crowd presses forward like horses out of the gate, searching and scrambling for the best seats.

I stand, smiling at the door, handing out programs, telling people, "There's a lot of people coming, so get cozy," trying to make it sound pleasant. We add chairs, leaving space for the graduates to walk around them, but people move them. *Oh well, there's still room. It doesn't matter that much.*

The precisely ordered chairs become roadblocks at the end of rows and the chatter builds, crescendoing until all that is heard is a roar like a waterfall. Communication is impossible. Trying to maintain order and keep the room the way we set it is like trying to make a two-year-old color inside the lines. Laughter bursts out sporadically as a looping slide-show presents the soon-to-be nurses in clinicals and test-prep sessions. Glancing at the screen when the flow of people coming in slows to a trickle, I never catch sight of my own face. Eventually, the trickle stops and the ceremony begins.

Standing at the back of the room, I try to maintain a pleasant look on my face. *What am I doing here? I'm in the wrong place.* Dr. Skye gets up to congratulate the

nursing graduates, saying how proud she is of them. I feel as though I have failed her.

*What does she think of me?*

Thirty seconds into the opening remarks and accolades from the professor whose class I had failed, I felt an urgent need to run away, to hide my inner-self that comes quickly to the surface.

*No. Don't cry, you can't cry. If you're going to cry, go to the bathroom. Don't let anyone see it.*

I force myself to walk quickly, but not noticeably so, to the lady's room. *Keep up the smile.* A grandmother and her granddaughter pass me on their way out and relief floods me; I am alone. *Only a few tears now that you're here.*

Taking several deep, ragged breaths, I fight to control myself. *This is not the time and place to break down. You have not let them know how you feel and you will never let them know. If you cry now, they'll all know.* I repeat this mantra in my head, hearing the speech continue down the short hallway to where I stand, head raised to keep the tears in, back against the wall for support, shaking with the effort of recomposing myself. I am close to the brink, close to the dam breaking, close to losing control of the person I want to show the world because of my pride which will not allow my shame to be announced, not quite yet at least. I took several more shaky breaths, telling myself that I cannot stay in the bathroom for too long because it will look suspicious. I can't show the world how I feel, never expose the parts of myself that are not perfect.

*That's enough. Wash your face. You can't go out there looking like this.* Grabbing frantically for a tissue. Not wanting to smudge my makeup because that will be a sure sign that I am not "all right," I wet a paper towel with cold tap water and dab under my

eyes to make the red swelling that comes with tears disappear. Staring at the mirror, I looked myself in the eye. *You will not cry. You have to do this. You told yourself you could and there is no way to back out now.*

I return to my spot on the back, both watching the ceremony and making sure no one jumps the gun on the cupcakes in the room across the hall. Students stand and give speeches; one for the traditional cohort, one for the ABSN group. They talk about the struggles, the joys, the help they have received. They talk about what they've learned and how they will continue on to take the NCLEX, get jobs, and influence the people they work with. My heart, previously in my throat, plummets through the floor. *What will I do with my life?*

The keynote speaker addresses the joys of working with the students, gives them their last words of advice, and wishes them well. Then it is time for the pinning itself. As each name is called, a short word of thanks goes to God, friends, and loved ones for the help they have given over the last several years.

"McCall... Roth... Silverstein..." *Wait, where's P? Where's Parks? Where's my name? What have I done? I really can't be here. No, you have to make it through, you said you would.* "Louise would like to thank God for making her dreams of becoming a nurse come true." *What about my dreams, God? When will they come true?*

The ABSN graduates are called. They were not my classmates, they have not seen what I've become. I breathe easier. I can cheer for them and congratulate them. They did a good job, though I know it was a struggle. My smile is less forced, even real as Raina walks across the stage, her pregnant stomach shown off as a trophy of victory. I'm proud of her.

It's getting hot in here. *Is it just me?*

Finally, the ceremony ends, over in a flash after an agonizing eternity. I open the doors, mostly for a gulp of fresh air, but also to let the crowd into the reception room to devour the cupcakes and down the lemonade provided.

I don't know where to go. There are too many people around me, too many people I want to avoid. I stay near the entrance for a quick get-away. Raina's husband, Carter, is standing nearby.

"Hey Carter!" I shout, trying to be heard over the noise. "Can I get a ride home after this?"

"Sure," He replies. "It was weird seeing your picture up there." *I'm glad I missed it.*

I have just a second to talk to Raina, hug her and tell her "congrats" between pictures with other well-wishers.

My goal accomplished, I stand back by the door again, trying to wait out the reception so that I can get a ride home. *Don't let anyone notice you.*

The air gets heavy, the room becomes smaller as more people squeeze inside to nab a cupcake before they disappear. Trying to hide in a room full of people is impossible.

*It's too hot. I can't breathe. I have to get out of here.*

"Hey Carter," I get his attention again. "I need to leave. I can't do this. I don't think I can wait."

"I don't blame you," he says. "I'll let Raina know you left."

"Thank you."

I take off, trying to not appear conspicuous again. There are people leaving, so I keep my eyes to the ground and put my feet on autopilot. *It's getting dark. You can't walk home. Not even at this pace. Maybe Mom's office is still open.*

I go farther than the guests parked and see no one. My tears start flowing, unbidden, like rivers down my cheeks and I let out a few gasps, on the verge of breaking down completely.

I see someone in the shadows. *Get your head back up. Stop crying. Smile.*

"You still here?" Tom, a member of the Physical Plant Services team asks.

*Respond!*

"Yeah." I feel like I'm croaking the words out. "I'm just leaving. I was at the Nursing thing."

"Have a good night," he says.

"You too."

The building is locked.

*Pull out your phone. Dial the house number. Mom can pick you up.*

Several minutes later I pull myself into the passenger seat of the family van and collapse, staring out the window on the ride home. My mom drives in compassionate silence. She had a feeling this might happen.

I seek the safety of my room upon returning home. Dropping my bag on the floor and falling onto my bed, I can finally let loose. The tears come once again and I embrace them.

### Summer Semester Fifth Year

Scrolling through Facebook these days I see four types of posts. I look at these things and question my life, or lack thereof. 1) Official nurses. Was I never supposed to become a nurse, or did I just not do my best? 2) Graduations. I was supposed to graduate this year, what went wrong? 3) Weddings. I have never even had a boyfriend; is it a timing thing, a lack of time on my part, or because of who I am? 4) Babies. When do I get to have kids? Will I be able to have kids?

*Congratulations, everyone! I knew you could do it, there wasn't any doubt in my mind.*

*Did you doubt that I could do it while I was still studying alongside you? Could you tell I wasn't going to make it? How? Did I lack passion, experience, or both? How did you do it? Why couldn't I?*

These questions I have start at the surface of my life and delve down into the very center of my person. I question whether I just don't have time or if who I am is not enough. The answers to the questions that pierce my heart lead to the thought that something is wrong with my being. I feel ashamed of who I am.

## Chapter Four: Bringing it all Together

Now that the experts have been consulted and the case study is complete, how does the story reflect the research? My story is an example of the global effects of shame on an individual and how shame and failure lead someone to avoidance. The story does not end there though. Through the research I have done for this thesis on how shame affects people in general and how detrimental avoidance can be I have found a path towards healing. This chapter examines the aspects of shame I see in my experience as well as how the process of writing this thesis has helped me start to heal.

### **Global Effects of Shame**

Shame is similar to an allergy, creating set of systemic effects throughout the entire body – global (McGregor & Elliot, 2005). It starts in one place and branches out. Deigh (1983) believes that experiencing shame in one area can cause a person to feel inadequate in all areas. After I met with Dr. Skye for the second time, I was feeling ashamed because I saw myself as a failure, but I went on to think about my weight, that I was fat, unhealthy, out of shape. This way of thinking did not fade as the event became history to me.

Later, when I saw those Facebook posts I asked myself what it was about me that had stopped me from becoming a nurse, graduating when I had planned, having a boyfriend, husband, or kids? Out of feeling shame because I withdrew from one course because I was at risk for failure, all of my supposed inadequacies came to beat me over the head. Literally.

I had developed a mild headache that Fall of third year. Thinking that it was my body trying to tell me that I needed to get my eyes checked again, I went into the



optometrist and updated my glasses prescription. When the migraine hit in full force that Spring, I could not figure out what was going on. I went to the doctor and was prescribed naproxen so I could stop dosing myself with two ibuprofen every four hours. However, both methods were to no avail. I returned to the doctor and they told me that because they could not find anything wrong with me, I most likely had a tension migraine which is caused by a stiffness in the neck muscles. As mentioned in Chapter Two, clinical headache disorders are a physical manifestation of shame (Bartels & Ryan, 2013). I believe that I developed that migraine from trying to keep my head up so that no one would know that I was a failure, that I was lacking in some way. Feeling as if I were missing something important in my person lead not only to many questions, but to avoidance of both studying and interacting with other people.

### **Avoidance**

The Fall of my third year, I had not been doing as well as I had thought I would when it came to tests. I managed to pull it together, telling myself that I would not fail, that I could not fail. That motivational method worked for about a month. I passed the final, passed the class, and was sure I could do it again the next semester. However, when I failed that first test Spring semester it did not help me do better on the second test. My grade got worse. To help me sleep at night, I read novels instead of textbooks. My meager attempts to connect with the tutor left me feeling dejected and that no one could possibly understand me or how to help me. I distracted myself with Netflix and going out with friends. I knew what I should be doing, but all I wanted to do was forget about school. I fell into McGregor and Elliot's (2005) self-perpetuating process of avoidance. I felt as if I had no control over the situation, that failure was inevitable because of the

influence of FoF (Dong, et al., 2015). Interestingly, I do not remember ever being taught to fear failure.

My parents did not raise me to avoid failure, nor do I remember them ever using the phrase “Shame on you”. They encouraged me to try everything, to do my best and were disappointed with me only when they knew I had not done my best. I am not sure what cultural pressures have influenced me, but there has always been something in me that has avoided failure. It may be a question of identity: if I fail, who am I? This is why probably why I did not reschedule the CNA exam. Not only did I avoid failure, but shame has caused me to avoid people, specifically my grandmother.

My grandmother was one of the reasons I thought about becoming a midwife. She has lived in Portland for my entire life. When I was young, she was our built-in-babysitter, the one who looked after me and my siblings when Mom went to volunteer at Pregnancy Resource Center or church, or when Mom and Dad decided it was time for a date night. She taught me about working in the kitchen and made doing the dishes fun. Going to see her meant we got to watch TV. As we grew older, Grandma and Grandpa moved to a condo with a pool. We spent a lot of time there.

When her second and third strokes hit, my grandmother was moved to a long-term care facility. I made time after clinicals that Fall semester to go see her, read to her, and tell her about what I was learning. She was so happy, so pleased that I wanted to follow in her footsteps. She made sure everyone knew that I was her granddaughter and that I was going to be a nurse. We were closer than ever.

Spring semester came, and I started failing. I did not know what to tell Grandma because I did not want to let her down. I stopped visiting on my own. I sat on the

opposite side of the room at church and talked with other young adults until she had been picked up by the Trimet Lift. Homework, work, and spending time with friends took up all my time so that I would have a legitimate excuse to not visit. When I finally told her that I was an English major it was in one sentence and I immediately ran away from her reaction. We have not talked about it since. I am still afraid that if I admit to her what happened I will lose her love, or at least part of it. For now, I have lost the opportunity to make her laugh and gained a heap of guilt over not visiting her. The desire to avoid others for fear of losing their love and respect is a common effect of shame (Gausel & Leach, 2011). Maybe some day I will tell her everything that happened, but I still have a strong urge to keep that from ever happening. Even though I know she will always love and be proud of me because I am her granddaughter, shame has placed an irrational fear of disappointing her in my head.

I told a few people in my cohort that I had withdrawn from Patho-pharm and did not know if I would be a nurse, but I also made it known that I did not want certain people to know. By staying in the class, I was hiding my shame in plain sight. I continued to do this, going about life as normal – nothing to see here.

There have been no notices taken out in the paper, no billboards rented, no Facebook announcement letting the world know that I switched majors. People still ask, “How is nursing school going,” and I have difficulties meeting their eyes and saying that I am now an English major and planning on teaching. One by one, acquaintances are being informed, but it is a slow, excruciating process as everything I have gone through is brought back to the forefront of my mind. I am not over it yet, but I am getting closer.

## Healing

The only way to heal shame is to expose it (Brown, 2012). This does not mean that someone can tell one person that they are struggling with something or are experiencing shame. That is no better than hiding. Telling one person at a time is just letting one more person in on the secret. This thesis has given me the opportunity to start exposing my shame by having conversations openly. I am learning to look people in the eye again when nursing comes up. I am no longer telling people that I do not want so-and-so to know but inviting people to talk with me. It is a slow process, but I am healing.

Sherman Alexi (2013), a Native American author, screenwriter, and poet once said that writing autobiographically was not cathartic and I agree with him (Moyers & Company). Writing about my experience caused more hurt, especially when thinking about the parts I miss. What has brought catharsis is engaging with people on this topic, talking about shame with people who ask what my thesis is about. Writing has helped me find the words that I did not have so that I can converse with others and find healing.

I had the opportunity to start openly telling my story to a class of students, most of whom are considering going into nursing. The response in interest and number of questions about my experience and research was encouraging. By talking with other students in the classroom and friends inquiring about my thesis, I have decided that the topic of shame is avoided not because no one wants to talk about it. There is a lack of confidence about where to start the conversation.

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